ANNUAL REPORT

of the

DEPARTMENT *of* SURGERY

1948

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
525 EAST 68TH STREET, NEW YORK 21, N. Y.

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DEPARTMENT OF SURGERY

The New York Hospital—Cornell Medical Center

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by

FRANK GLENN, M.D.

To the President of the Board of Governors of the New York Hospital and the President of the Board of Trustees of Cornell University:

INTRODUCTION

1948 has been a successful year for the Department of Surgery. A greater number of patients were treated by a greater number of surgical procedures than in any previous year. This was accomplished in spite of a nursing shortage that forced the closure of a number of beds. In general, it may be said that the patients received treatment of such an immediate and efficient character that the incidence of postoperative complications and the mortality rate were extremely low. The professional staff and the nursing staff, assisted by the various service departments throughout the Hospital, used the Hospital's facilities well and are to be commended for the high standard of patient care that has been attained. Nowhere else in the Hospital does teamwork mean so much as in Surgery. A large group of people is concerned with each surgical patient, and complete devotion to duty and cooperation on their part pave the way to the goal of the best in surgical care.

Undergraduate teaching has undergone minor changes to conform with the new curriculum of the Medical College. The facilities and opportunities for graduate training have been increased in several of the specialties. In certain instances they have been amplified by a closer association with similar sections at Memorial Hospital. Research within the Department has

been actively pursued, and several projects have produced successful results. Material encouragement in the form of financial support and the promise of future assistance has also stimulated and made possible initiation of work on several new and promising problems.

THE SENIOR STAFF

Few changes were made in the senior staff during the year. The Surgeon-in-Chief was directly assisted by Dr. Charles Gardner Child and Dr. S. W. Moore. The specialties were under the immediate direction of an attending surgeon in charge, as follows:

Urology	Dr. Victor Marshall
Urology—Brady . . .	Dr. O. S. Lowsley
Ophthalmology . . .	Dr. John M. McLean
Otolaryngology . .	Dr. James A. Moore
Orthopedics	Dr. Frederick L. Liebolt
Neurosurgery	Dr. Bronson S. Ray
Plastic Surgery . . .	Dr. Herbert Conway

On July first, Dr. Alfred W. Kany, after many years of meritorious service as chief of the Dental Service, was succeeded by Dr. George F. Egan. On this date also, Dr. Nathan Chandler Foot retired as Surgical Pathologist and was succeeded by Dr. John Musser Pearce. The Anesthesia section continued under the direction of Dr. Joseph F. Artusio, Jr.

On September 20th, the Department lost one of its most valued members with the sudden death of Dr. Paul A. Dineen. His service to The New York Hospital began in July 1914 and continued actively until his death. After graduation from Columbia University Medical College in 1914, Dr. Dineen was appointed surgical intern on the Second Surgical Division of The New York Hospital. He completed his service as house surgeon in time to join the Armed Forces with The New York Hospital Unit, Base Hospital No. 9, of which he became Adjutant. His services were recognized by the French who bestowed the "Croix Epidemies" upon him. On his return from the war, he was appointed junior attending surgeon to the Second Surgical Division of New York Hospital, and introduced the Dakin technique for the treatment of infected wounds to this hospital. In 1920

he was made Assistant Professor of Clinical Surgery by Columbia University. When The New York Hospital moved to its new buildings at 68th Street in 1932, Dr. Dineen was appointed Instructor in Clinical Surgery at Cornell. In 1940 he became Assistant Professor of Clinical Surgery, and in 1946, Associate Professor of Clinical Surgery. While the Second World War was in progress, Dr. Dineen conducted an elective course in Experimental Surgery for the third year medical students. This was a very popular and instructive course and has now been made a part of the regular curriculum. Dr. Dineen was devoted to his students and his patients.

THE RESIDENT STAFF

The blue ribbon positions of Resident on each of the three General Surgery services have been held by Dr. John M. Beal, Jr., Dr. Charles F. Chandler, and Dr. William C. Quinn, replaced on July first by Dr. Roscoe S. Wilcox. Dr. Quinn entered practice in Jackson, Mississippi.

The Assistant Residents in General Surgery have been Doctors Sam R. Burnett, Vincent A. Gorman, Ward D. O'Sullivan, James E. Cousar, III, James F. Davis, Howard S. Dunbar, John Glasson, Arthur L. Gore, Louis Hamman, Glen S. Harman (until October 1, 1948), Francis C. Jackson, Henry F. Kramer, Jr., Earl A. O'Neill, and David S. Speer. On July first, Dr. Henry C. Cleveland and Dr. Richard Karl were promoted from Intern to Assistant Resident Surgeon, and Doctors Roy D. McClure, Jr. and Ross S. McElwee, Jr. returned from military service. Doctors William W. Daniel, Bruce R. Heinzen, and Jim F. Lincoln completed their appointments on that date. Dr. Gilbert I. Smith replaced Dr. Glen Harman as Assistant Resident on October first.

In addition to Doctors Cleveland, Karl and Smith, the following also completed their internships on July first: Doctors Paul W. Braunstein and Peter Dineen, who received Assistant Resident Surgeon appointments for January 1, 1949; John W. Mason, who went to Pathology; Roger F. Milnes, who continued for the remainder of the year as a substitute assistant resident in Urology; and Doctors Charles F. Dyer, Grover C. Murchison, Robert G. Siekert, Olaf K. Skinsnes, and Peter W. Stone.

The Interns appointed July first were: Doctors Joseph A. Bonta, Robert L. Dow, Howard C. Hewitt, and Michael Rapak from the Cornell graduating class; Herschel L. Copelan and John A. Nichols from Vanderbilt University; Lee B. Brown from Yale, Francis M. Cummins from P. & S. at Columbia, Charles S. Harrison from Northwestern, Albert P. Isenhour from Duke, Antonio F. La Sorte from the University of Rochester, Richard J. Stanwood from the University of Chicago, Eric T. Yuhl from Long Island College, and Bjorn Thorbjarnarson from the University of Iceland.

Dr. Edward B. C. Keefer completed his research fellowship in Surgery, supported by the Given Fund, on July first and accepted an appointment at the New London (Conn.) Hospital.

Urology: Dr. Carl J. Schmidlapp, III continued as Resident, completing his training at the close of the year. The Assistant Residents were Dr. Robert D. Deans and Dr. James L. Green.

Brady Urology Service: Dr. Cecil J. Hawes served as Resident, Dr. Paul Boyd as Assistant Resident, and Doctors Eugenio Lins and James O. Hale as Interns throughout the year, with Dr. Alvin Galuska coming on October first. Dr. Wayne Hansen completed his internship on June 30th.

Ophthalmology: Dr. Thomas M. Norton, the Resident, was replaced by Dr. J. Harry Duncan on July first. The Assistant Residents have been Dr. Richard C. Troutman, Dr. Franklyn Bousquet, and Dr. Wilfred D. McCusker. Dr. Richard Clay completed his appointment July first.

Otolaryngology: Dr. James M. Holman completed his residency on July first and became Surgeon to Out-Patients assisting Dr. Moore. He was replaced by Dr. William A. Miller, with Dr. John S. Martin as Assistant Resident, who returned from military service on the same date. Dr. Richard A. Gaillard, the Navy appointee for Assistant Resident, was replaced by Dr. Jefferson Davis also of the Navy, on February first. Dr. Gerald Kurtz resigned in March to enter private practice.

Orthopedics: Dr. Daniel C. Riordan from California was appointed Resident in Orthopedics on July first.

Neurosurgery: Dr. Charles F. Neill completed his fellowship on January 31, 1948 and is now in practice in Jackson, Missis-

sippi. Dr. Arthur D. Console, on completion of his residency in Neurosurgery June 30th, became Surgeon to Out-Patients. Dr. Howard S. Jeck, Jr. has been an Assistant Resident on this service since April 25th.

Plastic Surgery: Dr. Charles Neumann has continued as Fellow and Resident on this service. Dr. Robert M. Cole, working in the Dental Clinic, is making a special study of harelip and cleft palate, supported by the Astor Plastic Surgery Fund.

Anesthesia: This service began the formation of its resident staff with Dr. Marjorie Trousdell, who came on as Assistant Resident August 15th. Dr. Benjamin E. Marbury, who has been serving as a substitute Assistant Resident, has been appointed Assistant Resident in Anesthesiology beginning January 1, 1949. The staff will have one appointee added every six months to a total of four, for a two-year training period.

Dental Surgery: Dr. Stanley J. Behrman, returning from the Army, became Resident on July first, and Dr. William B. Levine was appointed Intern on October 15th. Dr. Stuart Leichter completed his internship on June 30th.

During the year we have had a number of visitors from countries abroad. Several of these have spent considerable time here as voluntary observers in the Department. They included Dr. Youpin Kao of China, sponsored by the World Health Organization, Dr. Augusto Alcorta Morey of Peru, Dr. Venugopal of India, and Dr. Ihsan Gunalp of Turkey.

THE SERVICES

The pavilion service is composed of General Surgery and seven specialties: Urology, Ophthalmology, Otolaryngology, Orthopedics, Neurosurgery, Plastic Surgery, and Dental Surgery. Supporting these services are the divisions of Anesthesia, the Operating Rooms, Surgical Pathology, Physiotherapy, Surgical Follow-Up Clinic, and the Laboratories for Surgical Research. Finally, there is the Out-Patient Department and the Emergency Pavilion, where all sections of Surgery are actively engaged in the care of ambulatory patients.

With a bed capacity of 252 on the pavilion service, the Department admitted a total of 5,301 patients during 1948. This

was accomplished in spite of the closure of a number of beds from time to time because of the nursing shortage. The average daily census was 193. 5,347 operations were performed on this group of patients. The resident staff also attended 105 or more beds on the private and semi-private services of the Hospital. To these beds, 4,366 patients were admitted upon whom 3,912 operations were performed. The senior and resident staffs together provided service to the Out-Patient Department and the Emergency Pavilion, where there were 134,925 patient-visits during the year.

The 252 beds are allocated as follows:

General Surgery	120
Urology	30
Brady Foundation	19
Ophthalmology	20
Otolaryngology	25
Orthopedics	12
Neurosurgery	15
Plastic Surgery	11

During the year the specialties of Orthopedics, Neurosurgery, and Plastic Surgery were segregated, marking another advance in the full establishment of our specialties.

General Surgery: During 1948, 2,832 patients were admitted to the pavilion beds of General Surgery. In this group there were 13 nonoperative deaths with autopsies obtained in 7 instances, or 53.9 per cent of the cases. 2,947 operations were performed on the group, with 30 deaths, a surgical mortality rate of 1.4 per cent. Autopsies were obtained in 23 of these deaths, or 76.6 per cent.

297 operations were performed for hernia of various types, with one death; 229 for appendicitis and its complications, with one death; 142 for diseases of the thyroid gland, with no deaths; 310 for non-cancerous diseases of the gallbladder and biliary tract, with two deaths; 159 for non-cancerous diseases of the rectum and anus, with one death. The total for these common conditions is 1,137, with five deaths, a surgical mortality rate of 0.44 per cent.

Urology: The Cornell Urological service admitted 452 patients in 1948, on whom 318 operations were performed with five deaths, a surgical mortality rate of 1.6 per cent. Activity on this service was somewhat curtailed by the nursing shortage, which necessitated closing some of the beds for the last quarter of the year.

Research on the problem of uretero-intestinal transplantation in connection with complete pelvic exenteration for extensive carcinoma has been continued. Operations for incontinence have been greatly improved. Results in the treatment of bladder tumors by more radical procedures than were formerly used have been most gratifying. Members of this section have also cooperated actively with the urological service of Memorial Hospital.

Patient care was greatly facilitated by the installation of six new cystoscopic tables with complete x-ray equipment in the cystoscopic clinic.

Early detection of cancer cells in the urine is being closely studied by members of this section in association with Dr. Papanicolaou. Studies on sterility and impotence have been continued in cooperation with the Endocrine service, as well as with the Department of Psychiatry and the Department of Anatomy.

Brady Foundation: To this urological service 393 patients were admitted during the year, upon whom 316 operations were performed with eight deaths, a surgical mortality rate of 2.5 per cent. Retropubic resection of the prostate has been developed by this service with encouraging results. Work has continued on the relief of Peyrone's disease and the diagnosis of tumors from study of prostatic secretion by methods developed by Dr. Papanicolaou. Special attention has been directed at a more radical treatment of bladder tumors. In the Laboratory for Surgical Research, members of this section have become interested in the use of polyethylene tubing to replace injured urethra.

Ophthalmology: Service to patients was somewhat handicapped by the nursing shortage, which forced the closing of fifty per cent of the beds during the latter part of the year. During 1948, 264 patients were admitted on whom 301 operations were performed without a death.

Special attention has been devoted to research into mechanisms and techniques for preserving donor cornea for corneal grafting operations. These studies were made possible by the Ledyard Fellowship and support from the James Foundation. Investigation of the ocular manifestations of the toxemias of pregnancy have been carried on jointly with the Department of Obstetrics. Study of the physiology of intraocular pressure under various anesthetics has constituted a joint project with the section of Anesthesia, also supported by funds from the James Foundation, and work has continued on retinitis pigmentosa.

House staff training is maintained on a full resident system which has been accepted by the American Board of Ophthalmology and formally approved by the American College of Surgeons.

Otolaryngology: During 1948 a total of 730 patients were admitted to this service, upon whom 638 operations were performed with no deaths. The year showed an increase in the number of operations performed for carcinoma of the nasopharynx, and a greater number of laryngectomies, laryngofissures, and hemisections of the mandible. The Lempert Fenestration operation for clinical otosclerosis was done on seven patients during the year, and the results have been most encouraging, opening up a wide field for further endeavor. Also in the operative field, the endaural approach for mastoidectomies has been maintained as the procedure of choice.

Early in the year the Otolaryngology residency was placed on the approved list by the Council on Medical Education and Hospitals of the American Medical Association. A three year resident system is in operation that includes instruction in the basic sciences. A laboratory and lecture room have been set aside to provide additional facilities for the instruction of both medical students and resident staff. Here those subjects peculiar to this specialty are best dealt with, such as histopathology of the ear and variations in the anatomy of the nose, throat and ear.

Orthopedic Surgery: On July first, 12 pavilion beds were segregated exclusively for orthopedic cases under the direction of Dr. Frederick L. Liebolt, though the nursing shortage somewhat

limited their use. With the segregation of beds, Dr. Riordan was appointed Resident with an Assistant Resident rotating from General Surgery, and an Intern. Temporary approval of this service for training has been received from the University of the State of New York,, and with the recent provisions that have been made for a full resident staff on this service, we look forward to full recognition by the American Board of Orthopedic Surgery.

For the six months since July first, 111 patients were admitted to the Orthopedic beds, on whom 89 operations were performed with one death, a surgical mortality rate of 1.1 per cent.

Neurosurgery: During the year the fifteen beds allotted to Neurosurgery were segregated and provisions for the resident staff increased. With a full staff, adequate training will be available to allow those training in this specialty to qualify for certification by the American Board of Neurosurgery. The staff now consists of three Neurosurgeons, two Assistant Residents, one of whom rotates from General Surgery, and an Intern. A full complement will include a Resident in Neurosurgery. During 1948, 341 patients were admitted to this service, and 432 operations performed with 22 deaths, a surgical mortality rate of 5.1 per cent. There was one nonoperative death.

Clinical investigation of the surgery of the sympathetic nervous system was continued, supported in part by the Markle Foundation. Neurosurgery together with the Neurology section of the Department of Medicine provides a complete neurological service for the entire Hospital.

Plastic Surgery: Eleven beds have been allocated to Plastic Surgery and on July first these were segregated from the General Sugical service under the direction of Dr. Herbert Conway. Since that date, 178 patients have been admitted to these beds, upon whom 306 operations were performed with no deaths.

A Resident in Plastic Surgery and an Assistant Resident rotating from General Surgery, dividing his time equally between the Plastic and Orthopedic services, and an Intern make up the resident staff. These men also assist the senior staff in caring for the plastic cases on the private service.

Special emphasis has been given the treatment of patients with harelip and cleft palate, both as to their surgical requirements and the speech training which is so necessary to rehabilitate these handicapped individuals. This has been achieved by a close liason with the Dental Clinic which has assumed responsibility for the work required of an orthodontist. These patients are lengthy problems and require close follow-up and continual supervision in the Out-Patient Department after the necessary surgery has been done in the Hospital. Better ways of treating carcinoma of the skin on the head and neck, and improved methods of reconstruction for the deformities that follow radical treatment of malignancies in this region are under study. Experimental work on the vascularization of tubed pedicles has been carried on in the Laboratory for Surgical Research.

Summary of In-Patient Service: General Surgery and its specialties admitted a total of 9,667 patients to the pavilion and private services in 1948 as compared with 9,294 in 1947, an increase of 373 patients, or four per cent. A greater number of operations performed was also noted, 9,259 in 1948 compared with 8,966 in 1947, an increase of 293, or three per cent.

5,301 patients were admitted to the pavilion service on whom 5,347 operations were performed. 4,366 patients were admitted to the private and semi-private services and on these 3,912 operations were performed.

On the pavilion service there were 88 deaths during the year; 22 were patients not operated upon, and 66 followed operation. Autopsies were obtained in 52 cases or 59 per cent. Thirty-six or 41 per cent of these deaths were patients suffering from cancer. There were 70 deaths on the private and semi-private services, 24 of which were patients not operated upon and 46 followed operation. Autopsies were obtained in 34 cases or 48 per cent.

Anesthesia: An increase in the tempo of activity has characterized the section of Anesthesia throughout the year. There were approximately 500 more anesthesias given during 1948 than in 1947, bringing the year's total to 7,933. Of this number all but 293 were given by members of the section's staff. The anesthetic consultation service has been widely used, not only

for private patients, but for those on the pavilions as well. This permits the anesthetist to individualize each patient's needs through a careful preoperative study and an accurate postoperative follow-up. The increase in the range of anesthetics and the use of new techniques allows for selections that are more physiological, with the result that postoperative complications associated with anesthesia have been markedly reduced.

The resident training program in this section is progressing satisfactorily. Positions for three Assistant Residents and one Resident have been authorizzed. The first of these was filled in August and another at the close of the year, and it is anticipated that the remaining two positions will be filled within the year. The residency is two years in duration, with the possibility of an optional third year in anesthetic research available to those completing the residency. The training of nurse anesthetists continues, and during the past year six were students in this section.

The distribution of the 7,933 anesthesias administered in 1948, used alone or supplemented by other agents, is as follows:

Ether	1,658
Nitrous oxide	1,474
Cyclopropane	1,311
Local or block	1,063
Pentothal	889
Avertin	96
Curare, supplementing other agents	996
Endotracheal administration	1,572

The total of 7,933 was administered with only 88 postoperative complications referable to anesthesia, an incidence of 1.1 per cent. Seventy of these were pulmonary complications, 18 were extra-pulmonary. In other words, 79 per cent of all complications referable to anesthesia were pulmonary and 21 per cent were extra-pulmonary. Four per cent of all pulmonary complications due to anesthesia were fatal, whereas a third of all extra-pulmonary complications were fatal. There was a significant increase in the administration of curare and in the endotracheal administration of anesthesia. The former totalled 996, and the latter 1,572 as compared with 285 and 1,316 in 1947.

Surgical Pathology: On June 30th, Dr. Nathan Chandler Foot retired as Surgical Pathologist to The New York Hospital and Professor of Surgical Pathology, and was appointed Consulting Surgical Pathologist and Professor Emeritus of Surgical Pathology. Dr. Foot was a member of the surgical house staff when The New York Hospital was located at Sixteenth Street. When the Hospital moved to its present location, he became Surgical Pathologist, a position he held continuously thereafter.

His writing won him international standing as a pathologist. He has contributed to the current literature of both surgery and pathology and is the author of two text books dealing with subjects in surgical pathology. On July 1, 1948, Dr. John Musser Pearce from the Long Island College of Medicine succeeded Dr. Foot as Surgical Pathologist and Professor of Pathology in Surgery.

The measure of service to the patient contributed by a laboratory of surgical pathology is the degree of accuracy and celerity with which morphological diagnosis of the specimens submitted is made. The Surgical Pathology Laboratory has now been able to place in the patient's record within 48 hours of the operation a final and definitive diagnostic report for all but the most controversial cases. For more problematical diagnoses, the objective material has been made available for discussion and further consultation within the same period of time. In instances of extreme urgency, a verbal diagnostic report can almost always be given to the surgeon within 24 hours of his presentation of the specimen to the laboratory. Tentative, frequently final, diagnoses are made daily by the "frozen section" technique while an operation is in progress. During the year the Laboratory examined 7,394 specimens. A tabulation and analysis of the 3,549 specimens seen since July 1, 1948 is available.

Training for the resident staff has been amplified by admitting men from the Department of Pathology to a share in Surgical Pathology. Since this is the only opportunity that residents and interns on that service have to study surgical material, it is much appreciated by them and in turn they have helped considerably with the mechanics of the diagnostic routine.

Operating Rooms: This unit has continued to function in a most efficient and satisfactory manner under the direction of

Miss M. R. Carbery, Assistant Professor of Nursing. This section includes the general and private operating rooms on the 10th and 11th Floors. The number of operations and treatments totalled 11,380 for the year. The operating rooms have continued to operate on a five-day basis, except for emergencies. Though it would be desirable to revert to a six-day schedule, the shortage of nurses has prevented us from making the change.

Physical Therapy: The work in this department continues very active. 23,338 treatments of various kinds were given during the year.

Surgical Follow-Up: The number of cases currently being followed by this section is 9,899, with 23,269 cases closed. Follow-up examinations were arranged and carried out for 1,087 patients. 4,592 patients were seen in the Sunday Follow-Up Clinic, of which 1,806 were referred to the Out-Patient Department for further study and 110 were advised to re-enter the Hospital.

Out-Patient Service: During 1948, General Surgery and its specialties saw a total of 20,195 new patients in the clinics and received a total of 97,552 patient-visits. Distribution of new patients and total visits among the various clinics was as follows:

Clinic	*New Pts.*	*Visits*
General Surgery	6,969	38,936
Urology (Cornell and Brady) .	1,935	13,650
Ophthalmology	3,295	15,018
Otolaryngology	3,528	14,040
Orthopedic and Fracture . . .	2,117	7,563
Peripheral Vascular	1,042	4,280
Dental	1,009	4,065

In the Minor Surgery Room 1,267 minor operations were performed and 575 plaster casts applied.

The Emergency Pavilion has been unusually busy since it receives patients after the clinics are closed and on Saturdays and Sundays. 14,035 patients were admitted during the year, of which 12,286 were new to the Department. All surgical admissions are cleared through this Pavilion.

The total number of 134,925 visits made by ambulant patients during the year includes 1,129 employees treated and 1,413 compensation cases seen.

Comment on the Service in General: The Department of Surgery is made up of General Surgery and seven specialties: Urology, Ophthalmology, Otolaryngology, Orthopedics, Neurosurgery, Plastic Surgery, and Dental Surgery. All services are actively engaged in the care of patients in the Hospital and ambulatory patients in the clinics and the Emergency Pavilion. Supporting these services in the care of patients are the sections of Anesthesia, Surgical Pathology, the Operating Rooms, Physical Therapy, Surgical Follow-Up and the Laboratories for Surgical Research.

General Surgery is divided into three units, each under the supervision of the Surgeon-in-Chief and a senior staff member. Each unit is operated by a full resident staff. The specialities and the service departments are also the direct responsibility of the Surgeon-in-Chief, assisted by senior members and their individual resident staffs.

The Surgeon-in-Chief and his two immediate associates form the center of the Department. The present policy of the Department calls for special emphasis on general surgery, but with simultaneous advancement of the specialties. It is felt that Surgery and its specialties will progress and provide better patient care only if all surgeons have basic training in general surgery. It is for the specialties to improve and perfect the technical execution of their particular procedures and to extend their frontiers by research.

There is a tendency throughout the country at the present time to over-specialization. Indicative of this is the recent establishment of the American Board of Thoracic Surgery and American Board of Proctology. If it continues, this trend will break up a department into too many subdivisions and thus reduce its overall efficiency in dealing with patients. The present foundation of the existing specialties would also be weakened, but the greatest hazard lies in the resulting division of responsibility in the care of patients. For these reasons, the specialties as they now exist in the Department of Surgery at The New York Hospital, and as now segregated for greatest efficiency, will not be

increased in number. Progress in thoracic or vascular surgery, proctology, or other possible subdivisions of general surgery, will be pursued within the framework of General Surgery.

TEACHING

Reorganization of the teaching program is well under way. With a progressive, integrated outline of study, all members of the Department, both senior and resident staff, have teaching responsibility.

The specialties are now well established and the patients grouped on a single pavilion for each special service. Each specialty is set up to enable its resident to qualify for certification in that field of surgery. The Assistant Residents and Interns on General Surgery also receive training in these branches.

Surgery for the medical students starts in their second year, at which time they attend lectures on fundamental surgical problems and principles. Working on the general surgical pavilions during their third year, the students act as clinical clerks and also spend time in the specialties working up patients, attending lectures, and spending afternoons in the Out-Patient Department. The fourth year students spend their time in surgery as substitute interns on the pavilions or in the Out-Patient Department, where they work in the general diagnostic clinic in rotation with the other special clinics and minor surgery. A fracture clinic is now conducted three afternoons a week and is correlated with the students' weekly fracture conference. The students come into close contact with the senior and resident staff members in the Out-Patient Department, and at this time receive much individual attention.

Starting as interns, the resident staff is gradually given greater responsibility. These men attend Grand Surgical Rounds on Saturday morning, a monthly Surgical Staff meeting, the weekly Fracture Conference, and the weekly Clinical Pathological Conference, as well as daily rounds with the Residents. At these sessions, special problems and interesting cases are discussed, along with general procedures and policies of the Department. In addition, the interns rotate through the specialties and Surgical Pathology. As training progresses, responsibility increases, finally culminating in the full duties of the Resident Surgeon.

A very complete course of lectures covering the entire field of surgery is given to student and post-graduate nurses by the senior and resident staff. Then practical instruction is constantly continued on the pavilions and in the clinics.

An increasing number of foreign volunteer students in surgery are seeking additional training with us. These men are usually doctors who have completed their training in their native country and then come to The New York Hospital to act as volunteer students or observers in order to learn American methods. We are able to give positions on the resident staff to only a very few of the many who wish to train at this hospital.

With reorganization of the Dental Clinic, the resident training program here has been approved by the New York State Department of Education. By affiliation, dental hygienists receive training in the Hospital and provide dental hygiene for the patients.

RESEARCH

In the Laboratories for Surgical Research many new projects have been embarked upon, some have been completed, and others are being continued. There has been an increase in work on the vascular system, including (1) attempts to increase the blood supply to the myocardium; (2) the fate of transplanted blood vessels within the myocardium; (3) variations of methods for major blood vessel anastomosis for correction of congenital anomalies (of the circulatory system); (4) interruption of the major vessels of the portal circulatory system; (5) sclerosing substances within veins. Further advancement has been made on our studies dealing with uremia (renal failure) by blind-loop intestinal lavage and restoration of the continuity-interrupted ureter.

Investigation on the respiratory system has been directed at production and treatment of lung abscesses, direct anastomosis of the trachea with repair of defects by iso and homo grafts.

Gastric and intestinal motility following vagotomy and the effect of drugs upon it has been studied. Work on the experimental production of ulcerative colitis has been continued. Methods of preserving donor corneae have been improved and

growing corneal cells in culture has been successfully accomplished. Methods for measuring intraocular pressure changes under various planes of anesthesia have been perfected and offer promise for clinical investigation.

The list of publications from the Department, including those accepted for publication but still in press totals 106, and is appended.

Grants in aid of research received during 1948 were:

United States Public Health Service:	
Experimental pancreaticoduodenectomy	$ 7,000.00
Plastic surgery	5,346.00
Ulcerative colitis	3,874.00
Mr. and Mrs. John L. Given	12,000.00
American Cancer Society	8,312.50
Dr. Kirby Martin—Gastric physiology	7,250.00
Lewis Cass Ledyard Fellowship	5,000.00
John and Mary Markle Foundation—Hypertension	5,000.00
James Foundation—Ophthalmology	3,000.00
Mrs. Leonard Henry—Orthopedics	2,500.00
Alice R. Bernheim Fund	2,000.00
Childs Foundation—Tumor Clinic	2,000.00
United Hospital Fund—Inflammatory heart	1,651.80
Mrs. Barbara Peck	1,000.00
Kellogg Foundation—Fenestration	593.30
The Grace Line	500.00
National Council to Combat Blindness	500.00
Mrs. Marie Zimmerman	500.00
Mr. Clarence Slocum—Urology	350.00
Wyeth, Inc.—Otolaryngology	300.00
Miscellaneous gifts	2,500.00
	$71,177.60

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(Pavilion)

Department of Surgery

GRAFTS:

Preparation of pedicle or tube graft	40
Cutting of pedicle or tube graft	34
Pinch grafts	16
Thin split grafts	14
Intermediate split grafts	37
Cartilage grafts	13
Fascial graft	1
	155

SUBCUTANEOUS TISSUE:

Incision and drainage of subcutaneous abscess	49
Local excision of lesion of subcutaneous tissue	137
Wide excision of lesion of subcutaneous space	12
Excision of pilonidal sinus	30
Secondary closure of wound	27
Exploration of wound	13
	268

ABDOMINAL WALL:

Exploratory celiotomy	32
Incision and drainage of intra-abdominal abscess	27
Abdominal paracentesis	1
Umbilectomy	1
Omentectomy	1
Secondary suture of wound of abdominal wall	15
Biopsy of peritoneum	11
Removal of foreign body from peritoneal cavity	1
Hernia, inguinal	219
Hernia, femoral	20
Hernia, ventral	32
Hernia, epigastric	8
Hernia, umbilical	16
Hernia, diaphragmatic	2
	386

SKIN:

Incision and drainage of infection of skin	3
Excision of lesion of skin	81
Plastic repair of skin without graft	8
Z plastic on skin	12
Biopsy of lesion of skin	16
Debridement of burn	8
	128

BREAST:

Mastotomy	13
Local excision of lesion of breast	81
Simple mastectomy	6
Partial mastectomy	15
Radical mastectomy	35
Biopsy of breast	17
Mastoplasty	7
	174

BONES:

Drainage of bone	9
Removal	9
Osteotomy	6
Local excision of lesion of bone	15
Partial ostectomy	17
Complete ostectomy	4
Insertion of traction device	8
Osteoplasty	1
Open reduction of fracture	21
Closed reduction of fracture	17
Fusion of bone	4
Spine fusion	6
Biopsy of sternal bone marrow	12
Biopsy for non-union of bone	2
	131

JOINTS, SYNOVIA AND CARTILAGE:

Arthrostomy	1
Arthroplasty	3
Arthrodesis	14
Capsulotomy	1
Chondrectomy	3
Excision of intervertebral disk	16
Excision of semi-lunar cartilage of knee	10
Local excision of lesion of joint	5
Closed reduction of dislocation	2
Synovectomy	1
	56

BURSA:

Incision and removal of calcareous deposit	3
Excision of bursa	6
	9

MUSCLES:

Incision and drainage of abscess of muscle	2
Myectomy	14
Local excision of lesion of	

MUSCLES—*Cont'd.*

muscle	11
Resection of muscle	4
Myotomy	1
	32

TENDONS:

Exploration of tendon or tendon sheath	2
Incision and drainage of tendon sheath	1
Tenotomy	1
Excision of lesion of tendon	7
Tenosynovectomy	1
Tenoplasty	2
Transposition of tendon	1
Tenorrhaphy	17
	32

FASCIA:

Fasciotomy	1
Excision of fascia	3
	4

EXTREMITIES:

Incision and drainage of infection of hand or finger	8
Amputation of finger	7
Amputation of leg	15
Amputation of foot	6
Amputation of toe	25
Incision and drainage of infection of foot	5
	66

NOSE:

Excision of lesion of nose	4
Septectomy	67
Turbinectomy	3
Rhinoplasty	40
Suture of nose	1
	115

SINUSES:

Sinusotomy, simple	6
Sinusotomy, radical	18
Excision of lesion of accessory sinus	13
Closure of fissure of maxillary sinus	1
	38

LARYNX, TRACHEA, BRONCHUS, PHARYNX:

Laryngotomy	1
Total laryngectomy	3
Laryngoscopy	1
Tracheotomy	9
	14

TONSILS AND ADENOIDS:

Tonsilectomy	446
Adenoidectomy	14
	460

THORAX:

Thoracotomy with exploration	15
Thoracotomy with open drainage	13
Thoracotomy with closed drainage	1
Thoracentesis	1
Thoracoscopy	1
Thoracoplasty	16
	47

LUNGS:

Pneumonotomy with drainage	1
Total pneumonectomy	7
Total lobectomy	9
Pleurectomy	1
Pneumonolysis	2
	20

MEDIASTINUM:

Mediastinotomy with drainage	2
Mediastinotomy with removal of lesion	6
	8

HEART:

Pericardectomy	4

ARTERIES:

Arteriotomy	1
Arteriography	36
Aneurysmorrhaphy	1
Ligation of arteries	19
Arterial anastomosis	1
	58

VEINS:

Phlebectomy	246
Ligation of veins	17

VEINS—*Cont'd.*

Ligation of femoral veins	39
	302

SPLEEN, LYMPHATICS:

Splenectomy	4
Incision and drainage of lymph nodes	5
Local excision of lymph nodes	15
Radical excision of lymph nodes	5
Biopsy of lymph nodes	77
	106

ORAL CAVITY:

Excision of lesion of mouth or lip	15
Biopsy of mouth	3
Resection of lip	1
Cheiloplasty	18
Suture of lip	1
Local excision of lesion of tongue	2
Partial glossectomy	1
Palatoplasty	19
Incision and drainage of salivary gland	2
Sialolithotomy	1
Excision of salivary gland	8
Repair of hare lip	3
Repair of cleft palate	8
	82

ESOPHAGUS:

Esophagectomy	2
Esophagogastrectomy	2
Esophagogastrostomy	6
Excision of esophageal diverticulum	5
	15

STOMACH:

Gastrotomy	3
Pyloromyotomy	9
Local excision of lesion of stomach	1
Partial gastrectomy	106
Biopsy of stomach	6
Gastrostomy	5
Operation for gastroenteric fistula	1
Gastrorrhaphy	11
Gastroenterostomy	22
	164

SMALL INTESTINE:

Enterotomy	1
Resection	7
Enterostomy	5
Enterorrhaphy	1
Enteroenterostomy	12
Closure of fistula	1
Lysis of adhesions (small bowel obstruction)	25
Reduction of intussusception	2
	54

APPENDIX:

Appendectomy, chronic or incidental	42
Appendectomy, acute	160
Appendectomy with drainage	23
Incision and drainage of appendiceal abscess	4
	229

COLON:

Colostomy	46
Closure of colostomy	13
Local excision of lesion of colon	8
Right colectomy	11
Transverse colectomy	8
Descending or sigmoid colectomy	23
Total colectomy	3
Lysis of adhesions for obstruction of colon	4
Reduction of volvulus	1
Suture of large intestine	1
Abdomino perineal resection of sigmoid and rectum	28
	146

RECTUM:

Proctosigmoidscopy	8
Operation for closure of rectal fistula	1
Pelvic eviscerotomy	1
	10

ANUS:

Fistulectomy	36
Incision and drainage of perianal abscess	15
Excision of lesion of anus and rectum	23
Hemorrhoidectomy	95
Anoplasty	3

ANUS—*Cont'd.*

Dilation of anal sphincter	9
	181

LIVER, BILLIARY TRACT, PANCREAS:

Hepatotomy with drainage	2
Biopsy of liver	16
Local excision of lesion of liver	1
Partial resection of liver	1
Cholecystectomy, chronic	216
Cholecystectomy, acute	44
Cholecystectomy and choledochotomy	19
Cholecystostomy	10
Cholecystenterostomy	1
Biopsy of gallbladder	5
Choledochotomy	14
Choledochoplasty	3
Hepatojejunostomy	1
Biopsy of pancreas	1
Partial pancreatectomy	1
Radical pancreaticoduodenectomy	3
Pancreatotomy with drainage	1
	339

KIDNEY AND RENAL PELVIS:

Incision and drainage of kidney	1
Nephrectomy	49
Nephropexy	2
Incision and drainage of perirenal tissues	4
Nephrostomy	14
Pyeloplasty	9
Pyelotomy	6
Pyeloureterostomy	2
Nephrolithotomy	2
Ureterotomy	16
Ureterectomy	2
Ureteroplasty	2
Ureterocystostomy	4
Ureterosigmoidostomy	11
Ureterostomy	4
	128

BLADDER AND URETHRA:

Cystotomy and cystostomy	32
Local excision of lesion of bladder	21
Partial cystectomy	5
Total cystectomy	9
Biopsy of bladder	5
Cystoscopy	10
Cystoplasty and cystopexy	4
Cystorrhaphy	3
Operation for bladder fistula	3
Operations on urethra	21
	113

MALE GENITAL SYSTEM:

PENIS:

Circumcision	16
Biopsy	1
Plastic on penis	8
	25

TESTIS:

Orchiectomy	21
Biopsy	5
Orchiopexy	13
	39

EPIDIDYMIS:

Excision of lesion	2
Epididymectomy	9
Epididymovasostomy	2
	13

SCROTUM:

Incision and drainage of abscess of scrotum	2
Plastic operation	1
Vasectomy	35
Excision of hydrocele	28
	66

PROSTATE:

Excision of varicocele	3
Incision and drainage of prostatic abscess	1
Suprapubic prostatectomy	44
Perineal prostatectomy	18
Radical perineal prostatectomy	13
Transurethral electroresection	152
Retropubic prostatectomy	19
	250

Total Male Genital System 393

FEMALE GENITAL SYSTEM:

Operation on the vulva	1
Plastic repair of perineum	4
Salpingectomy	4
Oophorectomy	4
	13

CLASSIFICATION OF OPERATIONS

Department of Surgery

(Pavilion)-*Cont'd*

ENDOCRINE:

Thyroidectomy, non toxic	99
Thyroidectomy, toxic	33
Thyroidectomy, total	8
Parathyroidectomy	3
Hypophysectomy	2
Adrenalectomy	2
Biopsy of endocrine gland	1
Operation for thyroglossal duct cyst	3
	151

SKULL, BRAIN, MENINGES:

Craniotomy, exploratory	19
Decompression	10
Craniectomy	1
Biopsy of skull	2
Excision of tumors of skull	3
Cranioplasty	7
Open reduction of fracture of skull	1
Exploration of meninges	2
Drainage of meninges	5
Excision of lesion of meninges	8
Encephalography	1
Exploration of brain and biopsy	9
Removal of foreign body from brain	2
Lobotomy	21
Local excision of lesion of brain	28
Operation of choroid plexus	2
Ventriculography	63
Ventriculostomy	4
	188

SPINAL CORD:

Laminectomy, exploratory	21
Drainage of spinal cord	1
Chordotomy	11
Rhizotomy	11
Decompression of spinal cord	6
Excision of lesion of spinal cord	6
	56

NERVES:

Eploration of nerve	1
Neurotomy	11
Retrogasserian neurotomy	8
Acoustic neurotomy	1
Vagotomy	17
Phrenic nerve interruption	4
Excision of lesion of nerve	10
Neurectomy	7
Injection of nerve	6
Neuroplasty	1
Anastomosis of nerves	2
Neurotripsy	2
Sympathectomy for hypertension	49
Sympathectomy, other than for hypertension	27
	146

EYE:

Cataract extraction	97
Muscle operation	68
Iridencleisis	25
Plastic operation	17
Reattachment of retina	16
Enucleation	16
Capsulectomy	13
Iridectomy	10
Miscellaneous	10
Corneal transplant	7
Sclerotomy	7
Cyclodialysis	6
Removal of orbital tumor	4
Dacrycystorhinostomy	3
Trephining	2
	301

EAR:

Plastic reconstruction	10
Mastoidectomy	8
Fenestration	7
	25

TOTAL OPERATIONS, PAVILION 5,347

CLASSIFICATION OF OPERATIONS

(Private)

Department of Surgery

Grafts:

Preparation of pedicle or tube graft	27
Cutting of pedicle or tube graft	17
Pinch grafts	14
Thin split grafts	14
Intermediate split grafts	19
Cartilage grafts	7
Fascial grafts	3
Fat graft	1
	102

Subcutaneous Tissue:

Incision and drainage of subcutaneous abscess	27
Local excision of lesion of subcutaneous space	93
Wide excision ot lesion of subcutaneous space	8
Excision of pilonidal sinus	15
Secondary closure of wound	5
Exploration of wound	8
	156

Abdominal Wall:

Exploratory celiotomy	39
Incision and drainage of intra-abdominal abscess	14
Abdominal paracentesis	2
Umbilectomy	1
Secondary suture of wound of abdominal wall	2
Hernia: inguinal	195
femoral	7
ventral	11
umbilical	4
diaphragmatic	3
	278

Skin:

Incision and drainage of infection of skin	5
Excision of lesion of skin	80
Plastic repair of skin without graft	14
Z plastic on skin	2
Biopsy of lesion of skin	4
Debridement of burn	6
Tattoo of skin	18
	129

Breast:

Mastotomy	2
Local excision of lesion of breast	70
Simple mastectomy	9
Partial mastectomy	14
Radical mastectomy	37
Biopsy of breast	7
Mastoplasty	10
	149

Bones:

Exploration of bone	4
Drainage of bone	1
Removal	24
Osteotomy	10
Local excision of lesion of bone	19
Partial ostectomy	8
Complete ostectomy	1
Insertion of traction device	9
Bone graft	1
Osteoplasty	1
Open reduction of fracture	41
Closed reduction of fracture	22
Fusion of bone	4
Spine fusion	2
Biopsy of sternal bone marrow	7
For non-union of bone	2
	156

Joints, Synovia and Cartilage:

Arthrotomy	1
Arthroplasty	6
Arthrodesis	7
Capsulotomy	1
Chondrectomy	2
Excision of intervertebral disk	32
Excision of semi-lunar cartilage of knee	34
Local excision of lesion of joint	3
Manipulation of joint	3
Open reduction of dislocation	2
Closed reduction of dislocation	2
Synovectomy	3
Synchondrectomy	1
	97

Bursa:

Incision and drainage	1
Incision and drainage of calcareous deposit	1
Excision of bursa	6
	8

CLASSIFICATION OF OPERATIONS

(Private.)-*Cont'd*

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MUSCLES:

Myomectomy	4
Local excision of lesion of muscle	4
Resection of muscle	1
Myotomy	3
	12

TENDONS:

Exploration of tendon or tendon sheath	4
Incision and drainage of tendon sheath	1
Tenotomy	4
Excision of lesion of tendon	6
Tenoplasty	2
Tenorrhaphy	9
	26

FASCIA:

Exploration of fascia	1
Excision of fascia	4
Fasciotomy	1
Fascioplasty	1
Fasciorrhaphy	1
	8

EXTREMITIES:

Incision and drainage of infection of hand	3
Amputation of finger	4
Amputation of leg	9
Amputation of foot	3
Amputation of toe	9
Incision and drainage of foot	7
	35

NOSE:

Excision of lesion of nose	7
Septectomy	83
Turbinectomy	2
Rhinoplasty	78
	170

SINUSES:

Sinusotomy, simple	13
Sinusotomy, radical	27
Excision of lesion of accessory sinus	19
Closure of fissure of maxillary sinus	2
	61

LARYNX, TRACHEA, BRONCHUS, PHARYNX:

Laryngotomy	1
Partial laryngectomy	1
Laryngoscopy	15
Tracheotomy	4
Biopsy of larynx	4
	25

TONSILS AND ADENOIDS:

Tonsillectomy	435
Adenoidectomy	25
	460

THORAX:

Thoracotomy with exploration	15
Thoracotomy with open drainage	1
Thoracoplasty	9
	25

LUNG:

Pneumonotomy with exploration	1
Pneumonotomy with drainage	2
Total pneumonectomy	12
Total lobectomy	10
Partial lobectomy	2
Pneumonolysis	2
	29

MEDIASTINUM:

Mediastinotomy with drainage	1
Mediastinotomy with removal of lesion	4
	5

HEART:

Pericardectomy	1

ARTERIES:

Arteriography	11
Aneurysmorrhaphy	1
Ligation of arteries	1
	13

VEINS:

Phlebectomy	120
Ligation of veins	3
Ligation of femoral veins	1
	124

SPLEEN, LYMPHATICS:

Splenectomy	2
Incision and drainage of lymph nodes	6
Local excision of lymph nodes	4
Radical excision of lymph nodes	8
	20

ORAL CAVITY:

Excision of lesion of mouth or lip	8
Biopsy of mouth	1
Cheiloplasty	8
Local excision of lesion of tongue	1
Palatoplasty	7
Sialolithotomy	3
Excision of salivary gland	3
Repair of hare lip	4
Repair of cleft palate	3
	38

ESOPHAGUS:

Esophagectomy	2
Esophagogastrectomy	4
Esophagogastrostomy	1
Excision of esophageal diverticulum	1
	8

STOMACH:

Gastrotomy	1
Pyloromyotomy	2
Partial gastrectomy	75
Total gastrectomy	5
Gastrostomy	2
Operation for gastroenteric fistula	1
Gastrorrhaphy	3
Gastroenterostomy	8
	97

SMALL INTESTINE:

Enterotomy	1
Resection	8
Enterostomy	3
Enteroenterostomy	2
Enterorrhaphy	1
Lysis of adhesions	12
Reduction of intussusception	1
	28

APPENDIX:

Appendectomy, chronic or incidental	54
Appendectomy, acute	84
	138

COLON:

Colostomy	21
Closure of colostomy	9
Right colectomy	7
Transverse colectomy	4
Descending or sigmoid colectomy	18
Lysis of ahdesions	4
Abdomino perineal resection of sigmoid and rectum	18
	81

RECTUM:

Perineal resection	3
Operation for prolapse of rectum	4
	7

ANUS:

Fistulectomy	15
Incision and drainage of perianal abscess	12
Excision of lesion of anus and rectum	22
Hemorrhoidectomy	71
Dilation of anal sphincter	8
	128

LIVER, BILIARY TRACT AND PANCREAS:

Biopsy of liver	4
Local excision of lesion of liver	1
Marsupialization of lesion of liver	2
Partial resection of liver	1
Cholecystectomy, chronic	144
Cholecystectomy, acute	11
Cholecystectomy and choledochotomy	2
Cholecystostomy	2
Cholecystenterostomy	4
Choledochotomy	6
Choledochostomy	3
Radical pancreaticoduodenectomy	4
	184

KIDNEY AND RENAL PELVIS:

Incision and drainage of kidney	1
Nephrectomy	31
Nephropexy	1
Incision and drainage of perirenal tissues	1
Nephrostomy	5
Pyeloplasty	2
Pyelotomy	15
Ureterotomy	5
Ureterectomy	2
Ureteroplasty	2
Ureterocystostomy	2
Ureterosigmoidostomy	13
Ureterostomy	3
Closure of ureteral fistula	1
	84

BLADDER AND URETHRA:

Cystotomy and cystostomy	31
Local excision of lesion of bladder	17
Partial cystectomy	6
Total cystectomy	10
Biopsy of bladder	5
Cystoscopy	17
Cystoplasty and cystopexy	1
Operation for bladder fistula	1
Operations on urethra	14
	102

MALE GENITAL SYSTEM:

PENIS:

Circumcision	17
Local excision of lesion of penis	2
Plastic on penis	12
	31

TESTIS:

Orchiectomy	7
Biopsy	28
Orchiopexy	4
	39

EPIDIDYMIS:

Epididymectomy	5
Epididymovasostomy	9
	14

SCROTUM:

Incision and drainage of abscess	1
Local excision of lesion	5
Plastic	2
Excision of hydrocele	14
	22

PROSTATE:

Excision of varicocele	1
Suprapubic prostatectomy	57
Perineal prostatectomy	13
Radical perineal prostatectomy	5
Transurethral electroresection	125
Retropubic prostatectomy	2
	203
Total Male Genital System	309

FEMALE GENITAL SYSTEM:

Operation on vulva	1
Plastic repair of perineum	2
Colpotomy	2
Colpoperineorrhaphy	9
Salpingectomy	2
Oophorectomy	13
Hysteromyomectomy	1
Supracervical hysterectomy	56
Total hysterectomy	3
Panhysterectomy	2
Dilatation and curettage	17
Hysteropexy	1
Trachelectomy	1
	110

ENDOCRINE:

Thyroidotomy	1
Thyroidectomy, non-toxic	41
Thyroidectomy, toxic	24
Thyroidectomy, total	2
Parathyroidectomy	2
Hypophysectomy	1
Adrenalectomy	2
	73

SKULL, BRAIN AND MENINGES:

Craniotomy, exploratory	5
Decompression	7
Craniectomy	1
Cranioplasty	4
Open reduction of fracture of skull	4
Exploration of meninges	1
Excision of lesion of meninges	3
Encephalography	14
Exploration of brain and biopsy	1
Lobotomy	4
Local excision of lesion of brain	12

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SKULL, BRAIN & MENINGES—*Cont'd.*

Ventriculography	21
	77

SPINAL CORD:

Laminectomy, exploratory	19
Chordotomy	3
Decompression of spinal cord	2
Excision of lesion of spinal cord	5
Injection of alcohol (intrathecal)	1
	30

NERVES:

Exploration of nerve	1
Neurotomy (section)	3
Retrogasserian neurotomy	5
Acoustic neurotomy	2
Vagotomy	10
Spinal nerves (neurotomy)	1
Excision of lesion of nerve	4
Neurectomy	3
Ganglionectomy	2
Injection of nerve	9
Neuroplasty	2
Anastomosis of nerves	1
Sympathectomy for hypertension	52
Sympathectomy (other than for hypertension)	12
	107

EYE:

Cataract extraction	81
Muscle operation	33
Reattachment of retina	22
Iridencleisis	15
Plastic operation	9
Enucleation	6
Capsulectomy	6
Iridectomy	5
Keratotomy	4
Excision of tumor of orbit	2
Biopsy of orbit	2
Coreoplasty	1
Dacrycystorhinostomy	1
	187

EAR:

Plastic reconstruction	11
Mastoidectomy	10
Excision of local lesion	4
Split thick graft to defect	2
Biopsy	1
Fenestration	1
Myringotomy	1
	30

MISCELLANEOUS:

Examination under anesthesia	3
Dressings	2
	5

TOTAL OPERATIONS, PRIVATE 3,912

TABLE I.
NONOPERATIVE DEATHS, GENERAL SURGERY (PAVILION)

Number	*Age*	*Primary Diagnosis*	*Cause of Death*	*Autopsy*
499803	68	Fracture of skull	Laceration of brain	Medical Examiner
500420	45	Third degree burns	Uremia	Medical Examiner
501214	69	Pseudo bulbar palsy	Bronchopneumonia	Yes
497496	69	Obstructive jaundice	Acute pancreatitis	No
110387	70	Cellulitis of nose. Nasopharyngeal tumor	Bronchopneumonia	Yes
388594	81	Cancer of sigmoid	Carcinomatosis	Yes
383811	44	Acute cholecystitis	Cerebral anoxia	Yes
418005	33	Acute appendicitis with perforation. Rheumatic heart disease	Generalized peritonitis	Yes
497403	47	Cancer of rectum. Homologous serum jaundice	Uremia	Yes
44370	78	Bleeding marginal ulcer	Pulmonary embolus	No
515856	59	Aneurysm of thoracic aorta	Rupture of aneurysm	Yes
368171	8	Fracture of skull	Laceration of brain	Medical Examiner
489602	7	Multiple fractures due to fall	Cerebral concussion	Medical Examiner

TABLE II.
OPERATIVE DEATHS, GENERAL SURGERY (PAVILION)

EMERGENCY: 11

Number	*Age*	*Primary Diagnosis*	*Operation*	*Cause of Death*	*Autopsy*
435731	68	Strangulated hernia	Repair of hernia	Pulmonary embolism	Yes
420247	77	Third degree burns	Transverse colostomy. Debridement and pyruvic acid dressings	Bronchopneumonia	Medical Examiner
496086	55	Peri-rectal abscess. Hypertensive cardiovascular disease	Incision and drainage of peri-rectal abscess	Ventricullar fibrillation	Medical Examiner
505413	59	Comminuted fracture of elbow	Closed reduction of elbow	Pulmonary embolus	Yes
508679	3 days	Gangrene and perforation of cecum	Exploratory laparotomy. Exteriorization of cecum	Peritonitis	Yes

TABLE II.—*Continued*
OPERATIVE DEATHS, GENERAL SURGERY—*Continued*

Number	*Age*	*Primary Diagnosis*	*Operation*	*Cause of Death*	*Autopsy*
511953	27	Acute pancreatitis	Cholecystostomy	Cerebral vascular accident	No
166320	52	Spontaneous perforation of thoracic esophagus	Thoracotomy with drainage	Empyema	Yes
247104	47	Bleeding duodenal ulcer	Gastric resection	Uremia	Yes
500003	66	Mesenteric thrombosis	Exploratory laparotomy	Generalized peritonitis	Yes
514105	3 days	Congenital atresia of small bowel	Ileoileostomy	Intestinal obstruction	Yes
515279	4 mos.	Intussusception	Resection of ileum and ascending colon	Peritonitis	Yes
CANCER: 15					
486345	58	Cancer of esophagus	Jejunostomy, esophagectomy, gastrostomy, gastroenterostomy	Carcinomatosis	Yes
499631	64	Cancer of lung	Exploratory thoracotomy	Carcinomatosis	Yes
502701	64	Cancer of rectum. Bilateral inguinal herniae	Exploratory laparotomy	Carcinomatosis	No
310003	65	Cancer of thyroid	Total thyroidectomy	Ventricullar fibrillation	Yes
510048	43	Cancer of esophagus	Jejunostomy	Carcinomatosis	Yes
513309	48	Cancer of ovary	Transverse colostomy	Generalized peritonitis	Yes
512868	61	Cancer of bronchus	Thoracotomy	Carcinomatosis	Yes
514850	71	Cancer of pancreas	Cholecystostomy. Pancreaticoduodenectomy	Carcinomatosis	Yes
399971	59	Cancer of rectum	Abdomino-perineal resection	Pulmonary embolus	Yes
517353	57	Cancer of rectum	Abdomino-perineal resection	Operative hemorrhage	No
301838	57	Cancer of breast	Biopsy of axillary lymph node. Biopsy of liver	Carcinomatosis	Yes
524504	68	Cancer of esophagus	Esophagogastrectomy	Postoperative shock	No
508429	79	Cancer of esophagus	Gastrostomy	Coronary occlusion	No
518240	27	Cancer of stomach	Cecostomy	Carcinomatosis	Yes
525954	87	Abdominal carcinomatosis	Transverse colostomy	Carcinomatosis	Yes

TABLE II.—*Continued*

OPERATIVE DEATHS, GENERAL SURGERY—*Continued*

Number	*Age*	*Primary Diagnosis*	*Operation*	*Cause of Death*	*Autopsy*
GALLBLADDER: 2					
498174	49	Hypertension. Acute cholecystitis	Cholecystostomy	Uremia	Yes
490756	60	Common duct stone	Biopsy of gallbladder	Pulmonary embolus	Yes
GASTROINTESTINAL: 1					
497857	1 mo.	Pyloric stenosis	Pyloroplasty	Subarachnoid hemorrhage	Yes
MISCELLANEOUS: 1					
290121	14	Chronic constrictive pericarditis	Thoracotomy with drainage	Progressive myocardial failure with peripheral vascular collapse	Yes

TABLE III.

NONOPERATIVE DEATHS, SURGICAL SPECIALTIES

Number	*Age*	*Primary Diagnosis*	*Cause of Death*	*Autopsy*
NEUROSURGERY: 1				
506693	58	Cancer of naso-pharynx	Carcinomatosis	Yes
UROLOGY (CORNELL DIVISION): 2				
460396	22	Neurogenous sarcoma	Bronchopneumonia	Yes
156905	78	Erb's spinal paralysis. Neurogenic bladder	Pyelonephritis	No
UROLOGY (BRADY FOUNDATION): 6				
487490	55	Cancer of lung. Uremia	Uremia	Medical Examiner
395792	62	Cancer of bladder. Uremia	Uremia	No
120950	76	Hypertensive cardiovascular disease. Cerebro vascular accident	Cerebral accident	No

TABLE III.—*Continued*
NONOPERATIVE DEATHS, SURGICAL SPECIALTIES—*Continued*

Number	*Age*	*Primary Diagnosis*	*Cause of Death*	*Autopsy*
507165	49	Uremia. Chronic pyelitis	Uremia	No
509476	70	Benign prostatic hypertrophy	Suicide	Medical Examiner
391623	65	Cancer of kidney	Uremia	No

OPERATIVE DEATHS, SURGICAL SPECIALTIES

NEUROSURGERY: 22

Number	*Age*	*Primary Diagnosis*	*Operation*	*Cause of Death*	*Autopsy*
497044	3 mos.	Hydrocephalus	Craniotomy. Choroid plexus fulguration	Bronchopneumonia	Medical Examiner
498183	2 mos.	Chromophobe adenoma of	Cranioplasty	Operative death	Yes
499323	65	pituitary	Partial extirpation of pituitary adenoma. Evacuation of subdural hematoma	Extradural hematoma	Yes
481627	33	Necrosis of parietal lobe. Hodgkin's disease	Ventriculogram and craniotomy	Hemorrhagic necrosis of brain	Yes
406567	68	Aneurysm carotid artery	Ligation of common carotid artery	Necrosis of brain	Yes
502559	34	Acoustic neuroma	Excision of neuroma	Hemorrhage into brain stem	Yes
124654	52	Hypertensive cardiovascular disease	Sympathectomy	Bronchopneumonia	Yes
504744	11	Internal hydrocephalus	Exploration of posterior fossa	Subarachnoid hemorrhage	Yes
101030	45	Aneurysm posterior communicating artery	Ligation of right common carotid artery	Subarachnoid hemorrhage	Yes
476623	60	Brain tumor	Ventriculogram and craniotomy	Hemorrhage into base of brain	Yes
508325	28	Brain tumor	Ventriculogram	Bronchopneumonia	Yes
510966	58	Hemangioma of brain	Ventriculogram	Coronary occlusion	No
24434	47	Migraine. Right lateral rectus palsy	Arteriogram	Anesthesia death	Medical Examiner

TABLE III.—*Continued*
OPERATIVE DEATHS, SURGICAL SPECIALTIES—*Continued*

Number	*Age*	*Primary Diagnosis*	*Operation*	*Cause of Death*	*Autopsy*
512977	43	Cancer of testis	Laminectomy and excision of extradural metastasis	Carcinomatosis	Yes
472783	82	Cancer of prostate. Arteriosclerotic heart disease	Lobotomy	Bronchopneumonia	Yes
511212	56	Glioma of brain	Excision of glioma with decompression	Bronchopneumonia	Yes
517941	28	Glioma of brain	Craniotomy	Glioma of brain	Yes
514388	76	Intracranial aneurysm	Arteriogram. Ligation of common macrotid artery	Pulmonary embolus	Yes
518565	35	Brain abscess	Cerebral aspiration of abscess	Purulent encephalitis	Medical Examiner
518266	61	Osteoma of skull	Craniotomy. Arteriogram	Coronary occlusion	No
519738	63	Brain tumor	Craniotomy	Intracranial hematoma	Yes
523399	37	Intracerebral hematoma	Craniotomy. Arteriogram	Increased intracranial pressure	No
UROLOGY (CORNELL DIVISION): 5					
500459	62	Hydronephrosis, perinephritis, ureteral calculus	Ureterotomy. Ureterolithotomy and cystotomy	Cerebral accident	No
499462	56	Cancer of bladder	Bilateral ureterostomy	Carcinomatosis	Yes
494978	79	Phimosis with acute ballinitis. Diabetes mellitus. Benign prostatic hyptertrophy	Circumcision	Bronchopneumonia	Yes
498179	63	Third degree burn of right foot. Cancer of bladder	Debridement of foot.	Carcinomatosis	No
518960	76	Cancer of prostate	Vasostomy. Prostatectomy. Orchiectomy. Transverse colostomy	Coronary occlusion	No
UROLOGY (BRADY FOUNDATION): 8					
499649	68	Benign prostatic hypertrophy	Prostatectomy. Vasectomy	Pulmonary embolus	No
503205	45	Polycystic kidney disease	Exploration of kidney. Incision and drainage of multiple cysts	Uremia	No
504674	73	Benign prostatic hypertrophy	Prostatectomy	Uremia	Yes

TABLE III.—*Continued*
OPERATIVE DEATHS, SURGICAL SPECIALTIES—*Continued*

Number	*Age*	*Primary Diagnosis*	*Operation*	*Cause of Death*	*Autopsy*
60323	39	Hydronephrosis	Ureteroplasty	Coronary thrombosis	Yes
504125	69	Cancer of bladder	Partial cystectomy	Wound infection	No
522080	61	Urinary incontinence	Bilateral uretero-intestinal transplant	Cerebral vascular accident	No
586590	81	Adenomatous hyperplasia of prostate	Prostatectomy	Uremia	No
141263	58	Renal calculi bilateral, recurrent	Nephrostomy	Bronchopneumonia. Uremia	No
ORTHOPEDICS: 1					
516299	74	Comminuted fracture right humerus. Duodenal ulcer	Closed reduction of humerus. Closure of duodenal ulcer	Generalized peritonitis. Uremia	Medical examiner

TOTAL NUMBER OF DEATHS (PAVILION): Non-operative 22
Operative 66
88

TABLE I.
NONOPERATIVE DEATHS, GENERAL SURGERY (PRIVATE)

Number	*Age*	*Primary Diagnosis*	*Cause of Death*	*Autopsy*
202497	64	Cancer of rectum	Carcinomatosis	No
502428	17	Cancer of duodenum	Carcinomatosis	No
482913	63	Cancer of rectum	Carcinomatosis	No
490109	57	Cancer of colon	Carcinomatosis	Yes
414184	73	Cancer of descending colon	Carcinomatosis	Yes
486258	70	Cancer of pancreas	Carcinomatosis	Yes
443273	48	Liposarcoma, retroperitoneal	Liposarcoma, peritoneal	Yes
511109	18	Perforation of large bowel. Hirschsprung's disease	Peritonitis	Yes

TABLE I.—*Continued*

NONOPERATIVE DEATHS, GENERAL SURGERY (PRIVATE)—*Continued*

Number	*Age*	*Primary Diagnosis*	*Cause of Death*	*Autopsy*
493936	43	Lung abscess	Myocardial failure	Yes
520417	58	Cancer of pancreas	Carcinomatosis	Yes
451885	61	Cancer of bronchus	Carcinomatosis	No
524005	66	Cancer of ascending colon	Carcinomatosis	No
528947	86	Cancer of cecum	Intestinal obstruction. Generalized peritonitis	No

TABLE II.

OPERATIVE DEATHS, GENERAL SURGERY (PRIVATE)

Number	*Age*	*Primary Diagnosis*	*Operation*	*Cause of Death*	*Autopsy*
EMERGENCY: 2					
499552	52	Acute cholecystitis	Cholecystectomy	Bronchopneumonia	Yes
496142	79	Acute cholecystitis with cholelithiasis	Cholecystostomy with drainage	Bronchopneumonia	No
CANCER: 18					
499580	66	Cancer of stomach	Total gastrectomy, esophagojejunostomy, splenectomy	Bronchopneumonia	No
232655	50	Cancer of bronchus	Right pneumonectomy	Carcinomatosis	Yes
502149	61	Cancer of liver	Biopsy of liver	Carcinomatosis	No
397507	50	Cancer of rectum	Abdominoperineal proctosigmoidectomy	Carcinomatosis	Yes
468911	63	Cancer of bladder. Intestinal obstruction	Exploratory laparotomy. Enterostomy	Carcinomatosis	Yes
503163	42	Malignant thymoma	Exploratory thoracotomy	Coronary occlusion	Medical examiner
274729	68	Metastatic cancer of neck	Biopsy of cancer of neck	Pneumonia	No
449170	52	Cancer of rectum	Exploratory laparotomy with biopsy of omentum	Carcinomatosis	Yes

TABLE II.—*Continued*

OPERATIVE DEATHS, GENERAL SURGERY (PRIVATE)—*Continued*

Number	*Age*	*Primary Diagnosis*	*Operation*	*Cause of Death*	*Autopsy*
492930	47	Cancer of rectum	Exploratory laparotomy with lysis of adhesions. Transverse colostomy	Carcinomatosis	Yes
509558	30	Cancer of gallbladder	Cholecystenterostomy	Carcinomatosis	Yes
512755	67	Cancer of stomach	Resection of stomach	Carcinomatosis	No
512463	64	Cancer of ovary	Exploratory laparotomy. Cecostomy	Carcinomatosis. Uremia	Yes
497305	61	Cancer of colon	Cordotomy	Carcinomatosis	No
520717	69	Cancer of stomach	Partial gastrectomy	Bilateral adrenal hemorrhage	Medical examiner
239837	52	Cancer of stomach	Exploratory thoracotomy	Carcinomatosis	Yes
495934	61	Cancer of stomach	Jejunostomy. Lysis of adhesions	Carcinomatosis	Yes
501821	70	Cancer of cecum	Ileotransverse colostomy	Cerebral hemorrhage	Yes
509544	47	Cancer of esophagus. Arteriosclerosis obliterans with gangrene of foot	Mid-thigh amputation. Esophagogastrectomy and esophagojejunostomy. Thoracostomy	Empyema. Perforation of esophagojejunostomy and intestinal obstruction	Yes
GALLBLADDER: 1					
524008	69	Chronic cholecystitis with cholelithiasis	Laparotomy	Coronary occlusion	No
GASTROINTESTINAL: 3					
198195	53	Diverticulitis of rectosigmoid with perforation and peritonitis	Incision and drainage of abdominal abscesses	Multiple abdominal abscesses	Yes
501887	24	Ulcerative colitis. Multiple sclerosis	Ileostomy	Peritonitis	No
427250	42	Ulcerative colitis	Ileostomy	Peritonitis	No
MISCELLANEOUS: 1					
516696	62	Biliary cirrhosis	Exploratory laparotomy. Duodenotomy. Biopsy of liver	Cholemia and uremia	No

TABLE III.
NONOPERATIVE DEATHS, SURGICAL SPECIALTIES (PRIVATE)

NEUROSURGERY: 3

Number	*Age*	*Primary Diagnosis*	*Cause of Death*	*Autopsy*
497321	49	Malignant hypertension with encephalopathy	Nephrosclerosis	Yes
405361	52	Brain tumor	Subarachnoid hemorrhage	No
507327	63	Meningitis	Bronchopneumonia	Yes

UROLOGY (CORNELL DIVISION): 5

499772	67	Cancer of prostate	Carcinomatosis	No
289650	96	Cancer of prostate	Carcinomatosis. Bronchopneumonia	Yes
493795	71	Cancer of prostate	Carcinomatosis	Yes
508110	88	Cancer of bladder	Carcinomatosis	Yes
457721	71	Cancer of prostate	Carcinomatosis	Yes

UROLOGY (BRADY FOUNDATION): 2

445865	79	Cancer of prostate	Uremia	No
69801	45	Polycystic kidneys	Uremia	No

PLASTIC SURGERY: 1

379805	64	Basal cell cancer of nose. Arteriosclerotic heart disease	Arteriosclerotic heart disease	No

OPERATIVE DEATHS, SURGICAL SPECIALTIES (PRIVATE)

NEUROSURGERY: 8

Number	*Age*	*Primary Diagnosis*	*Operation*	*Cause of Death*	*Autopsy*
486688	55	Brain tumor	Extirpation of right front parietal tumor	Inoperable tumor	Yes
496760	49	Brain tumor	Partial extirpation of glioblastoma multiforme	Inoperable tumor	No

TABLE III.—*Continued*
OPERATIVE DEATHS, SURGICAL SPECIALTIES—*Continued*

Number	*Age*	*Primary Diagnosis*	*Operation*	*Cause of Death*	*Autopsy*
419122	64	Brain tumor	Partial excision of recurrent meningioma of foramen magnum	Inoperable tumor	No
503566	39	Chromophobe adenoma of the pituitary	Excision of pituitary adenoma. Exploration of wound	Subdural hematoma	Yes
501856	13	Malignant neuroblastoma	Craniotomy	Bronchopneumonia	Yes
518768	62	Osteoblastic meningioma	Partial excision of meningioma	Thrombosis of superior sagittal sinus	No
518723	34	Hemangioblastoma of cerebellum	Exploration with excision of tumor	Postoperative shock	Medical examiner
521614	67	Glioma of right frontal lobe	Partial extirpation of glioma of frontal lobe and decompression	Inoperable tumor	Yes
UROLOGY (CORNELL DIVISION): 4					
493941	48	Cancer of bladder	Bilateral thoracic chordotomy	Carcinomatosis	Yes
510878	82	Urinary retention	Suprapubic cystotomy	Bilateral bronchopneumonia	No
315834	67	Cancer of uterus. Hypothyroidism. Arteriosclerotic hypertensive disease	Panhysterectomy. Total cystectomy	Pyonephrosis	Yes
127447	69	Benign prostatic hypertrophy	Suprapubic cystostomy. Transurethral resection of prostate and vasectomy. Second stage suprapubic prostatectomy	Coronary occlusion	No
UROLOGY (BRADY FOUNDATION): 8					
504128	61	Benign prostatic hypertrophy	Perineal prostatectomy	Postoperative shock	Medical examiner
500173	52	Cancer of bladder	Exploratory laparotomy	Carcinomatosis	Yes
492127	54	Cancer of bladder	Cystectomy	Carcinomatosis	No
512089	58	Cancer of stomach	Exploratory laparotomy	Carcinomatosis	Yes

TABLE III.—*Continued*

OPERATIVE DEATHS, SURGICAL SPECIALTIES (PRIVATE)—*Continued*

UROLOGY (BRADY FOUNDATION): 8—*Cont'd.*

Number	*Age*	*Primary Diagnosis*	*Operation*	*Cause of Death*	*Autopsy*
517429	72	Benign prostatic hypertrophy. Cirrhosis of liver	Perineal prostatectomy	Bleeding esophageal varices	No
518374	72	Benign prostatic hypertrophy	Transurethal resection of prostate	Bronchopneumonia	No
522858	92	Benign prostatic hypertrophy	Suprapubic cystostomy	Uremia	No
525880	79	Benign prostatic hypertrophy	Bilateral ureterointestinal transplant	Cerebral vascular accident	No
OTOLARYNGOLOGY: 1					
511117	6	Infected tonsils and adenoids	Tonsillectomy and adenoidectomy	Anesthesia death	Medical examiner

TOTAL NUMBER OF DEATHS (PRIVATE SERVICE): Nonoperative: 24
Operative: 46
70

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